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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200001		CITY OR TOWN	STONEHA	M		
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 20	013		
	CLASS			YEAR		
LICENSEE NAME: AMERICA	AN LEGION STONEHAM PO	OST #115				
DOING BUSINESS A						
ADDRESS 11 COMMON						
CITY/TOWN: STONEHAM	STATE: MA	ZIP CODE:	02180			
MANAGER: Lombard, Henry	TYPE OF LICENSE: Vet	terans club C	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VI DESCRIPTION OF LICENSED	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS				
		EROOM SECOND	FIR TV RO	OOM		
	THREE FLOORS BOTTOM FLOOR CANTEEN AREA,ONE ROOM. SECOND FLR; TV ROOM PLUS KITCHEN; THIRD FLOOR-ONE ROOM (LARGE HALL)					
I hereby certify and swear under p	penalties of perjury that:					
1. the renewed license w	ill be of the same type for the	same premises now	licensed;			
2. the licensee has compl	lied with all laws of the Comm	nonwealth relating to	o taxes; and			
3. the premises are now of	open for business (If not expla	ain below)				
SIGNED BY:						
Individual	, Partner or Authorized Corpo	orate Officer				
DATE: TEL	EPHONE NUMBER:		R IDENTIFICAT			
		(Note: <u>NOT</u> Individual Social Security Number)				
We the undersigned, attest that	t we are in possession (1) the	e certificate requir	ed by Chapte	er 304 of the		
Acts of 2004, signed by the buildicense and (2) the certificate of						
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY		
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:						
DAIL.						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12420	J0005	CITY OR TOWN STONE	ΠAIVI
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MOO	N GLOW RESTAURANT, IN	VC.	
DOING BUSINESS A CHI	NA MOON REST.		
ADDRESS 170 MAIN ST.			
CITY/TOWN: STONEHA	M STATE: M	IA ZIP CODE: 02180	
MANAGER: TSE, BARR	Y K TYPE OF LICENSE	:Restaurant CATEGOR`	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LISO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
ONE FLOOR, TWO DININ	NG ROOMS, A KITCHEN AN	D A WAITING ROOM	
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for	the same premises now licensed;	
2. the licensee has o	complied with all laws of the C	ommonwealth relating to taxes; an	nd
3. the premises are	now open for business (If not e	explain below)	
SIGNED BY:			
Indiv	ridual, Partner or Authorized C	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	TELEI HONE NOMBER.	(Note: NOT Individual Soci	al Security Number)
		) the certificate required by Cha head of the fire department for t	
		ce required by Chapter 116 of the	
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:		-	
(If disapproved explain)			
D . 1777			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 124200007		CITY OR TOWN STONEHAM		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NA	AME: GAETANO INC				
DOING BUSIN	NESS A GAETANO'S				
ADDRESS 271	I MAIN ST.				
CITY/TOWN:	STONEHAM	STATE: MA	ZIP CODE: 02180		
MANAGER:	APRILE, EDWARD TY E.	TE OF LICENSE: Res	taurant CATEGORY: All Alcohol	l	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	ISES:			
ENTRYWAY,		LEVEL; GREENHOU	VATORIES MID LEVEL USE DINING ROOM, OUTDOOR		
I hereby certify	and swear under penaltie	s of perjury that:			
1. the	renewed license will be of	f the same type for the	same premises now licensed;		
	•		nonwealth relating to taxes; and		
3. the <sub>1</sub>	premises are now open fo	r business (If not expla	in below)		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER		
			(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the building ir	spector and the head	e certificate required by Chapter 304 of the of the fire department for the above name equired by Chapter 116 of the Acts of 2010	ed	
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY		
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехріаіп)				
DATE:					
•					



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LICENSE NUM	IBER: 124200008		CITY OR TOWN S	TONEHAM
APPLICATION	FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
		CLASS		YEAR
DOING BUSIN		E 2211 STONEHAM		
ADDRESS 471	MAIN ST.			
CITY/TOWN:	STONEHAM	STATE: MA	ZIP CODE: 0	02180
	WARD, MICHAEL T JOHN	YPE OF LICENSE:Ch	ıb CATI	EGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	IISES:		
BASEMENT AL FIRST FLOOR	REA CONSISTING OF	F CLUB ROOM AND	MAIN FUNCTION HA	LL ON THE
I hereby certify a	and swear under penalti	es of perjury that:		
1. the re	enewed license will be	of the same type for the	same premises now lice	ensed;
2. the li	censee has complied wi	ith all laws of the Com	nonwealth relating to ta	xes; and
3. the p	remises are now open for	or business (If not expl	ain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer	
		·		
DATE:	ты брис	ONE NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
	TELETTIC	THE NUMBER.	(Note: NOT Individ	lual Social Security Number)
Acts of 2004, si	igned by the building i	inspector and the head	e certificate required l d of the fire departmer required by Chapter 1	nt for the above named
Please Check Below	<u>v:</u>		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved of	expiain)			
DATE:				
APPLICATION FOR R	RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L	Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124200009		CITYORI	OWN	STONERA	AIVI
APPLICATION FOR	RENEWAL:	Annual	Ι	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MARTY'S CATE	RERS, INC				
DOING BUSINESS A	MONTVALE P	LAZA				
ADDRESS 54 MONT	VALE AVE					
CITY/TOWN: STON	NEHAM	STATE: MA	ZIP COI	DE:	02180	
MANAGER: MURI MART	PHY, TY FIN JR	PE OF LICENSE: Re	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PREM	ISES:				
TWO FLOORS. FIRS	T FLOOR HAS T	WO FUNCTION RO	OMS, NO CE	LLAR		
I hereby certify and sw	vear under penaltie	es of perjury that:				
1. the renewed	d license will be o	f the same type for the	e same premise	es now	licensed;	
2. the licensee	e has complied wit	th all laws of the Com	monwealth rel	ating to	o taxes; and	
3. the premise	es are now open fo	or business (If not exp	lain below)			
SIGNED BY:						
	Individual, Partne	er or Authorized Corp	orate Officer			
DATE:	TEI EPHO	NE NUMBER:	EMI	PLOYEF	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELITIO	NE NOMBER.	(Note: <u>N</u>	<u>√OT</u> Ind	lividual Social S	Security Number)
We the undersigned, Acts of 2004, signed						
license and (2) the ce	•	-		-		
Please Check Below:	•	·	-	-		
APPROVED:				ICENS	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain	 n)					
	•					
DATE:			-			



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LICENSE NU	MBER: 124200010		CITY	OR TOWN	STONEHA	M
APPLICATIO	ON FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE N	AME: BEAR HILL	GOLF CLUB,INC				
DOING BUSI	INESS A					
ADDRESS 5	NORTH STREET					
CITY/TOWN	: STONEHAM	STATE: MA	Z	IP CODE:	02180	
MANAGER:	JOHNSTON, ROBERT T.	TYPE OF LICENSE: Cl	dı	Ca	ATEGORY:	All Alcohol
EMAIL ADD	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADD	DRESS		_
DESCRIPTIO	ON OF LICENSED PR	EMISES:				
SECOND FLO	OOR: MAIN FUNCTI	OOR CONSISTING OF B ON ROOM AND DININ UBHOUSE; TOTALLING	G ROO	M; ALSO PC	ORCH AND	OM;
I hereby certif	y and swear under pen	alties of perjury that:				
1. the	renewed license will	be of the same type for the	same p	premises now	licensed;	
2. the	licensee has complied	l with all laws of the Com	monwea	alth relating to	o taxes; and	
3. the	premises are now ope	en for business (If not expl	ain belo	ow)		
CICNED DV						
SIGNED BY		artner or Authorized Corp	orate Of	fficer		
DATE:	TELE	MIONE NUMBER		EMPI OVER	DENTIFICAT	ΓΙΟΝ NUMBER:
	TELEP	PHONE NUMBER:	(			Security Number)
Acts of 2004,	, signed by the buildi	re are in possession (1) the ng inspector and the hea quor liability insurance	d of the	e fire departı	ment for the	above named
Please Check Bel			LOC	CAL LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROV						
(If disapprove	a capiani)					
DATE:						



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LICENSE NU	MBER: 124200011		CITY OR TOWN	STONEHAM	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE N.	AME: MARCONI C	LUB OF STONEHAM MA	A., INC., THE		
DOING BUSI	NESS A				
ADDRESS 47	' PINE				
CITY/TOWN:	: STONEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER:	MINGHELLA, RICHARD P.	TYPE OF LICENSE:Clul	D CA	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
	N OF LICENSED PRI				
BASEMENT AREA CONSISTING OF GRILL ROOM AND FIRST FLOOR MAIN HALL CONSISTING OF APPROX 2555 SQ FT					
I hereby certify	y and swear under pena	alties of perjury that:			
1. the	renewed license will b	be of the same type for the	same premises now	licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating to	o taxes; and	
3. the	premises are now open	n for business (If not expla	in below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE					
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
			(1000. <u>1401</u> mo	iividuai Sociai Security (vaimoci)	
	0 ,	e are in possession (1) the	-	2 2	
				ment for the above named r 116 of the Acts of 2010.	
		quot musinty misurance re			
Please Check Bell APPROVED:				SING AUTHORITY	
DISAPPROVI			By:		
(If disapproved	<u> </u>				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200013		CITY OR TOWN	STONEHAN	M
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 201	13 YEAR
LICENSEE NAME: RCM GROUP, INC. DOING BUSINESS A J.J. GRIMSBY & C ADDRESS 301 WEST WYOMING AVE				
CITY/TOWN: STONEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER: MCAREE, TYPE ROBERT J.	E OF LICENSE: Rest	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB		AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
FRONT DOOR AND STREET ACCESS ON WEST WYOMING AVE. SIDE DOOR AND STREET ACCESS IS ON LYNN FELLS PARKWAY				
1. the renewed license will be of th     2. the licensee has complied with a     3. the premises are now open for be	ne same type for the sall laws of the Comm	onwealth relating to		
SIGNED BY: Individual, Partner o	r Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATION IDENTI	
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liq	ector and the head	of the fire departn	nent for the a	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	ING AUTHO	RITY
DATE:				



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LICENSE NUMBER	: 124200014		CITY OR TOWN	STONEHA	M
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	IMPROVED ORDI	ER OF REDMEN W.	AMSCOTT TRIBE	E# 39	
DOING BUSINESS A	A				
ADDRESS 11 FRAN	KLIN ST				
CITY/TOWN: STO	NEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER: HUD	SON, ROBERT TYP	PE OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
LOWER LEVELBA	AR AREA AND ME	ETING AREA			
I hereby certify and sy	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premises nov	licensed;	
2. the license	e has complied with	all laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	es are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signed	by the building ins	in possession (1) the spector and the head liability insurance re	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
D 4 500					
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M	И.G.L. Ch. 138 \$ 16	5A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124200016		CITY OR TOWN	STONEHAM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	GANGLANI (	CORPORATION			
DOING BUSINESS	A REDSTONE	LIQUORS			
ADDRESS 109 MA	IN STREET				
CITY/TOWN: STO	ONEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER: GAN KAN		TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:					
REDSTONE SHOPPING CENTER, 2600 SQ.FT. BRICK BLDG., W/ENTRY IN FRONT AND DELIVERY DOOR AND ENTRY DOOR IN REAR.					
	ses are now open	with all laws of the Cor for business (If not exp tner or Authorized Cor	plain below)	o taxes; and	
	marviduai, i ai	uici oi Autionzea Coi	porate Officer		
DATE:	TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124200017		CITY OR TOWN	STONEHAM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	CERRETANI I	LIQUORS, INC.			
DOING BUSINESS	A RAPID LIQU	ORS			
ADDRESS 171 MAI	IN ST				
CITY/TOWN: STO	NEHAM	STATE: MA	ZIP CODE:	02180	
	HIAN, GLAS P.	ΓΥΡΕ OF LICENSE: <b>P</b>	ackage Store Ca	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
ONE STORY CINDER BLOCK AND STUCCO FRONT, CONSISTING OF TWO ROOMS FOR MERCHANDISING AND REAR FOR STORAGE					
	ses are now open	with all laws of the Cor for business (If not exp tner or Authorized Cor	plain below)	o taxes; and	
	marviaui, i ur	and of Humorized Cor	porute officer		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200019	CITY OR TOWN STONEHAM				
APPLICATION FOR RENEWAL:	nnual LICENSED FOR 2013				
Cl	LASS YEAR				
LICENSEE NAME: SAVAS BROTHERS CENTE	ER BEVERAGES CO,INC.				
DOING BUSINESS A					
ADDRESS 425 MAIN ST					
CITY/TOWN: STONEHAM STATI	E: MA ZIP CODE: 02180				
MANAGER: SAVAS, CHARLES TYPE OF LICE J.	ENSE:Package Store CATEGORY: All Alcohol				
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:					
ONE SINGLE STORY CONCRETE BLOCK BLDC HILL COURT. ONE ROOM FRONT FOR SELLIN					
ROOM REAR FOR STORAGE AREA INCLUDING					
I hereby certify and swear under penalties of perjury	that:				
1. the renewed license will be of the same ty	•				
2. the licensee has complied with all laws of					
3. the premises are now open for business (I	f not explain below)				
SIGNED BY: Individual, Partner or Authori	zed Corporate Officer				
2.00. (2.00.0.)	200 00.100.				
DATE: TELEPHONE NUMBE	EMPLOYER IDENTIFICATION NUMBER:				
TELETHONE NOWIDE	(Note: <u>NOT</u> Individual Social Security Number)				
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY				
DISAPPROVED: By:					
(If disapproved explain)					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	1200021		CITY	OR TOWN	STONEHA	M
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: FE	LICIA'S, INC.					
DOING BUSINESS A F	ELICIA'S					
ADDRESS 423 MAIN S	TREET					
CITY/TOWN: STONE	IAM	STATE: N	1A ZII	P CODE:	02180	
MANAGER: PUORRO	, PAUL A. TYPE O	F LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBSITI	E AND ENTER YO	UR EMAIL ADDR	RESS		1
DESCRIPTION OF LICE	ENSED PREMISES:					
423 MAIN STREET: PRI						
FRONT ENTRANCE ON THE RESTAURANT AN						
BUILDING.	D BAR. THERE W	ILL DE AN	ENTRAINC.	E/EALLAL	THE KEAK	OF THE
I hereby certify and swear	under penalties of p	erjury that:				
1. the renewed lie	cense will be of the s	same type for	r the same pi	remises now	licensed;	
2. the licensee ha	s complied with all l	aws of the C	Commonweal	Ith relating to	taxes; and	
3. the premises an	re now open for busi	ness (If not	explain belo	w)		
SIGNED BY:				-		
Inc	lividual, Partner or A	Authorized C	orporate Off	ficer		
DATE:	TELEDIJONE N	IIMDED.		FMPI OYFR	IDENTIFICAT	ION NUMBER:
	TELEPHONE N	UMBEK:	(1)			ecurity Number)
We the undersigned, att Acts of 2004, signed by						
license and (2) the certif	ficate of liquor liabi	ility insuran	ice required	by Chapter	r 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved explain)						
DATE.						
DATE:						



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LICENSE NUMBER:	124200023		CITY	OR TOWN	STONEHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 10 MAIN	1	rs of boston, li	C			
CITY/TOWN: STON		STATE: MA	71	P CODE:	02180	
MANAGER: TERP					CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADD	RESS		_
DESCRIPTION OF L SINGLE STORY STE LOUNGE, KITCHEN ENTRENCE ON MA OF BUILD.	RUCURE CONTAI , THREE BATHR	NING 149 SEATS. OOMS MEN, WOM	EN, AN	D EMPLOY	YEE. ONE M	AIN
2. the licensed	e has complied with es are now open for	the same type for the all laws of the Combusiness (If not exp	monwea	ow)		
DATE:	TELEPHON	IE NUMBER:	(		R IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the hea	d of the	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOC By:	CAL LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER	X: 124200024		CITY OR TOWN STONEH	AIVI	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME:	ANGELO'S P	IZZERIA AND RISTOR	ANTE, INC.		
DOING BUSINESS	A				
ADDRESS 239 MA	IN ST				
CITY/TOWN: STO	ONEHAM	STATE: MA	ZIP CODE: 02180		
	RUSO, VATORE	TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
		SED OF A PIZZERIA A ROOMS60 SEAT CAPA	ND RESTAURANT AREA, KI ACITY	TCHEN,	
I hereby certify and	swear under pena	alties of perjury that:			
1. the renew	ed license will b	be of the same type for the	e same premises now licensed;		
2. the licens	ee has complied	with all laws of the Com	monwealth relating to taxes; and	l	
3. the premi	ses are now ope	n for business (If not expl	lain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP:	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social	Security Number)	
Acts of 2004, signe	d by the buildin	ng inspector and the hea	ne certificate required by Chap d of the fire department for th required by Chapter 116 of the	e above named	
Please Check Below:			LOCAL LICENSING AUTI	HORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILEI	O BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)	



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LICENSE NU.	MBER: 124200026		CITY OR TOWN STONEH.	AM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: STONEHAM TH	EATRE CORPORATION	ON	
DOING BUSI	NESS A STONEHAM T	HEATRE		
ADDRESS 39	3 MAIN STREET			
CITY/TOWN:	STONEHAM	STATE: MA	ZIP CODE: 02180	
MANAGER:	WHITE-SPUNNER, TY JON	PE OF LICENSE: Genorem		All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
RESTROOMS RESTROOMS	S, THEATRE SEATING A S AND BALCONY SEAT	AND A STAGE AREA. ING. LICENSED ARE	SECOND FLOOR OFFICE S A FIRST AND SECOND FLO	
I hereby certify	y and swear under penaltie	es of perjury that:		
		* *	•	
	•		<u>-</u>	
3. the	premises are now open for	or business (If not explain	n below)	
SIGNED BY:		er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building in	nspector and the head	of the fire department for the	e above named
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
(11 disapprove	CLASS ENSEE NAME: STONEHAM THEATRE CORPORA NG BUSINESS A STONEHAM THEATRE DRESS 393 MAIN STREET Y/TOWN: STONEHAM STATE: MA NAGER: WHITE-SPUNNER, TYPE OF LICENSE: JON IN THE STONEHAM STATE: MA NAGER: WHITE-SPUNNER, TYPE OF LICENSE: ON THE STORY BUILDING COMPRISED OF A LOBBY, COMPRISED O			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	1200027		CITY OR TOW	N STONEHA	M
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: KR DOING BUSINESS A M ADDRESS 407 MAIN ST	IELISSA'S MAIN S	TREET BISTI	RO		
CITY/TOWN: STONEH	IAM	STATE: MA	ZIP CODE:	02180	
MANAGER: PATALA MELISSA	,	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	E ALSO VISIT OUR WEBSIT		EMAIL ADDRESS		
DESCRIPTION OF LICE FIRST FLOOR AND FRO ARE ON MAIN ST. OUT	ONT HALF OF SEC	COND FLOOR		TRANCE AN	D EXIT
2. the licensee ha 3. the premises an SIGNED BY:		laws of the Coriness (If not ex	, 		
IIIC	iividuai, Partiler or A	Aumorized Coi	porate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building inspec	tor and the he	ad of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	NSING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124200028		CITY OR TOWN STO	INEHAM
APPLICATION FOR	RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LONG RUN, INC.			
DOING BUSINESS	A SATO II RESTAU	JRANT		
ADDRESS 147 MAI	N STREET			
CITY/TOWN: STO	NEHAM	STATE: MA	ZIP CODE: 021	.80
		E OF LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
WOMEN'S RESTRO	OM AND A DININ	G ROOMMAIN EN	TRANCE ON MAIN ST	
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	same premises now licens	sed;
2. the license	e has complied with	all laws of the Comm	nonwealth relating to taxe	s; and
3. the premis	es are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Dartner	or Authorized Corne	rata Officar	
	marviduai, Farmer	of Authorized Corpo	rate Officer	
DATE:	TELEDITOR		EMDI OVED IDEN	TIFICATION NUMBER:
21112.	TELEPHON	E NUMBER:		Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head	of the fire department	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	. 10 111 0111 1
DISAPPROVED:			•	
(If disapproved explain	CLASS CENSEE NAME: LONG RUN, INC. DING BUSINESS A SATO II RESTAURANT DDRESS 147 MAIN STREET TY/TOWN: STONEHAM STATE: MA ANAGER: TRAN, DOUGLAS TYPE OF LICENSE:R MINHTAN MAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR ESCRIPTION OF LICENSED PREMISES: 00 SQ FT BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN WO OTHER EXITS TO THE PARKING LOT BEHIND TO BETE BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM END A DINING ROOMMAIN IN WO OTHER EXITS TO THE PARKING LOT BEHIND TO BET BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN WO OTHER EXITS TO THE PARKING LOT BEHIND TO BET BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN WO OTHER EXITS TO THE PARKING LOT BEHIND TO BET BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN WO OTHER EXITS TO THE PARKING LOT BEHIND TO BET BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BET BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WITH A KITCHEN IN A SEPARA OMEN'S RESTROOM AND A DINING ROOMMAIN IN BUILDING WI			
DATE:			-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124200029		CITY OR TO	WN	STONEHA	M
APPLICATION FOR	RENEWAL:	Annual	LI	CENS	ED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	JAGAT ENTERPRISE,	INC				
DOING BUSINESS A	RANG INDIAN BIST	RO				
ADDRESS 5 CENTR.	AL SQ.					
CITY/TOWN: STON	NEHAM S	STATE: MA	ZIP CODI	E:	02180	
MANAGER: SINGE	H, PARAMJIT TYPE O	F LICENSE: Res	staurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS			I
	ICENSED PREMISES:					
STREET LEVEL, CE	NTRAL STREET SIDE	OF BUILDING	ONLY			
• •	year under penalties of po d license will be of the sa	•	sama promisas	now 1	iconsod:	
	e has complied with all la	• 1				
	es are now open for busin			ing to	unos, una	
SIGNED BY:						
	Individual, Partner or A	uthorized Corpo	rate Officer			
DATE:			EMBI	OVED		ION MIN (DED
DATE.	TELEPHONE NU	JMBER:				ION NUMBER: ecurity Number)
						•
	attest that we are in po by the building inspect					
	ertificate of liquor liabi					
Please Check Below:			LOCAL LIC	CENSI	NG AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	11)		-			
DATE:						



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LICENSE NUMBER	R: 124200030		CITY OR TOWN	STONEHA	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	R & W DiNUNZIO	CORPORATION			
DOING BUSINESS	A TASTE OF SIAM	1			
ADDRESS 497 & 49	99 Main St				
CITY/TOWN: STC	NEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER: DiNI	JNZIO, RALPHTYI	PE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF Kitchen facilities, res I hereby certify and s  1. the renew 2. the licens	LICENSED PREMIS strooms, dining area a swear under penalties ed license will be of ee has complied with ses are now open for	and bar area	same premises now nonwealth relating to nin below)		
DATE:		E NUMBER:	(Note: NOT Ind	ividual Social S	•
Acts of 2004, signed	d by the building ins	in possession (1) the spector and the head liability insurance r	l of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	nin)				
r ·	•				
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	4200031		CITY OR TOWN	STUNEHA	AIVI
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: AS	SIANA GRILL HOU	JSE, INC.			
DOING BUSINESS A U	J ME RESTAURAN	VΤ			
ADDRESS 19 FRANKL	IN STREET				
CITY/TOWN: STONE	HAM	STATE: MA	ZIP CODE:	02180	
MANAGER: IM, MEE	YOUNG TYPE	OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES	:			
ONE LEVEL APPROX.	3000 SQ. FT. BUIL	DING, ENTRAN	CE AND EXIT ON	FRANKLIN	STREET
I hereby certify and swea	r under penalties of	perjury that:			
1. the renewed li	cense will be of the	same type for the	same premises now	licensed;	
2. the licensee ha	as complied with all	laws of the Comr	nonwealth relating	to taxes; and	
3. the premises a	are now open for bus	iness (If not expla	ain below)		
SIGNED BY:					
	dividual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEDIJONE N	HIMDED	EMPLOYE	R IDENTIFICAT	TION NUMBER:
DITIE.	TELEPHONE N	IUMBER:		dividual Social S	
			, <u>—</u>		, ,
We the undersigned, at					
Acts of 2004, signed by license and (2) the certi					
ncense and (2) the certi	neate of neguon has	mity insurance i	equired by Chapte	71 110 OF THE 1	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					
DAIL.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	200033	(	CITY OR T	rown	STONEHA	M
APPLICATION FOR REN	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: LIQ	UID INVESTMENTS,	INC.				
DOING BUSINESS A BA	ACCI'S RESTAURANT	Γ				
ADDRESS 316-320 MAIN	N STREET					
CITY/TOWN: STONEH	AM STA	ATE: MA	ZIP CO	DE:	02180	
MANAGER: BACCI,GI	LBERTO TYPE OF L	ICENSE: Resta	aurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EMA	AIL ADDRESS			_
DESCRIPTION OF LICE	NSED PREMISES:					
RESTAURANT SPACE 'RESTROOMS FOR PUBI KITCHEN FOR EMERGE REAR BY THE BATHRO	LIC.ONE MAIN ENTR ENCY EGRESS AND	ANCE IN DIP DELIVERY,C	NING ROC ONE EMER	M,TW	O REAR EN	TRIES IN
I hereby certify and swear	under penalties of perju	ıry that:				
	ense will be of the same	• •	•			
	complied with all laws			lating t	o taxes; and	
3. the premises are	e now open for business	s (If not explai	n below)			
SIGNED BY:	ividual, Partner or Auth	orized Corpor	ate Officer			
DATE:	TELEPHONE NUM	BER:				TION NUMBER:
We the undersigned, atto Acts of 2004, signed by t license and (2) the certifi	he building inspector	and the head	of the fire	depart	ment for the	above named
Please Check Below:			LOCAL I	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disappioved expiaili)						
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 124200036		CITY OR TOWN	STONEHAM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	<b>R</b>
LICENSEE NAME:	RWJ BEVER	AGE (MA) LLC			
DOING BUSINESS	A RWJ BEVE	RAGE			
ADDRESS 85 CED	AR ST				
CITY/TOWN: STO	ONEHAM	STATE: MA	ZIP CODE:	02180	
	RDON, HAEL	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: All	Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	REMISES:			
retail package store v 2626 sq. ft.	with one public	entrance and an emergen	cy exit serving a singl	e room of approx.	
3. the premi		en for business (If not exp			
DATE:	TELEF	PHONE NUMBER:		LIDENTIFICATION N	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORIT	'Y
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124200037		CITY OR TOWN	STONEHAM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	S & A VENTURES	INC.			
DOING BUSINESS	S A ALDO'S CAFÉ				
ADDRESS 125 MA	IN STREET				
CITY/TOWN: STO	ONEHAM	STATE: MA	ZIP CODE:	02180	
MANAGER: GRE	ECO, SHARON TYPI	E OF LICENSE: Res	staurant Ca	ATEGORY: All Alcohol	l
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
	STAURANT SPACE				
	CES FROM THE DINI E FROM THE KITCH				
I hereby certify and	swear under penalties of	of perjury that:			
1. the renev	ved license will be of the	ne same type for the	same premises now	licensed;	
2. the licens	see has complied with a	all laws of the Comm	nonwealth relating to	o taxes; and	
3. the prem	ises are now open for b	ousiness (If not expla	nin below)		
SIGNED BY:					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER	
			(Note: NOT Inc	lividual Social Security Number	)
We the undersigne	ed, attest that we are i	n possession (1) the	e certificate requir	ed by Chapter 304 of the	<b>.</b>
Acts of 2004, signe	ed by the building insp	pector and the head	l of the fire depart	ment for the above name	ed
license and (2) the	certificate of liquor li	ability insurance r	equired by Chapte	r 116 of the Acts of 2010	<b>'•</b>
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(11 disappioved expi	·····				
DATE:			<del></del>		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124200038	CITY OR TOWN STONEHAM					
APPLICATION FOR	RENEWAL:	Annual		LIC	ENSED FOR 2	2013	
		CLASS				YEAR	
LICENSEE NAME:	ZHENG RESTA	URANT, INC.					
DOING BUSINESS	A TULIP ASIAN	CUISINE					
ADDRESS 119 MAI	N STREET						
CITY/TOWN: STO	NEHAM	STATE: MA	ZI	P CODE:	02180		
MANAGER: XIN I	BI LIU T	YPE OF LICENSE: R	estaurant		CATEGORY	: All Alcohol	
EMAIL ADDRESS:							
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADD	RESS			
DESCRIPTION OF I	LICENSED PREM	IISES:					
DINING ROOMS, STATEST THREE EXITS. OUT	USHI BAR, LOUI TDOOR PATIO O	ING APPROX, 8,196 NGE BAR AND STO F APPROX 500 SF V LLARDS WITH GA	RAGE R VITH A	OOM, OI	NE ENTRANC OF 218 SEATS	E AND	
I hereby certify and s	wear under penalti	es of perjury that:					
		of the same type for th	•				
	-	th all laws of the Com			g to taxes; and		
3. the premis	es are now open fo	or business (If not exp	lain belo	ow)			
SIGNED BY:	Individual, Partn	er or Authorized Corp	oorate Of	ficer			
DATE:	TELEPHO	NE NUMBER:		EMPLO	YER IDENTIFICA	R IDENTIFICATION NUMBER:	
			(Note: <u>N</u>		Individual Social	Security Number)	
Acts of 2004, signed	by the building i	re in possession (1) the nspector and the hear or liability insurance	nd of the	fire depa	artment for th	e above named	
Please Check Below:			LOC	CAL LICE	NSING AUTH	IORITY	
APPROVED:				By:			
DISAPPROVED: Lagrangian (If disapproved explain)	in)						
(11 disapproved expla	III <i>)</i>						
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124200039	CITY OR TOWN STONEHAM					
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	SED FOR 2013		
		CLASS			YEAR		
LICENSEE NAME: DOING BUSINESS A		_					
ADDRESS 9 CENTRA	AL STREET						
CITY/TOWN: STON	EHAM	STATE: MA	ZIP COD	E: 02180			
MANAGER: KHAN	, TARIQ	TYPE OF LICENSE:P	ackage Store	CATEGORY:	: All Alcohol		
EMAIL ADDRESS:							
PI	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF L	CENSED PRE	EMISES:					
1ST FLOOR RETAIL BASEMENT FOR ST		EA, STORAGE. 2ND	FLOOR MECHA	ANICAL ROOM.			
3. the premise SIGNED BY:	s are now open	with all laws of the Cor for business (If not expected)	plain below)	ting to taxes; and			
DATE: TELEPHONE NUMBE			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:				
DATE							
DATE:							